

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

7268

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>54</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marshall Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shackelford, Marshall, Twp.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Shackelford, Mo., no Number</u>				d. STREET ADDRESS (If rural, give location) <u>No Number</u>			
3. NAME OF DECEASED (Type or Print) <u>Mathew Lawrence Taaffe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 24-1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 12-1875</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Did Farming</u>		10. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
12a. FATHER'S NAME <u>James Taaffe</u>			12b. MOTHER'S MAIDEN NAME <u>Elizabeth Horan</u>			12c. NAME OF HUSBAND OR WIFE <u>Mary Brick Taaffe</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>-</u>			14. SOCIAL SECURITY NO. <u>None</u>			15. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M.L. Taaffe-Shackelford, Mo.</u>	
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				17. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scurvy</u> DUE TO (c) <u>none</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18. DATE OF OPERATION				19. MAJOR FINDINGS OF OPERATION <u>none</u>			
20. ACCIDENT SUICIDE HOMICIDE (Specify)				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
22. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11:24</u>				23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
24. I hereby certify that I attended the deceased from <u>Dec 24, 1950</u> , to <u>Feb 24, 1950</u> , that I last saw the deceased alive on <u>Dec 24, 1950</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.				25. SIGNATURE <u>Robert M. ...</u> (Degree or title) 26. ADDRESS <u>Marshall, Mo.</u>			
27. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				28. DATE <u>Feb 27-1950</u>			
29. NAME OF CEMETERY OR CREMATORY <u>Shackelford Cemetery</u>				30. LOCATION (City, town, or county) (State) <u>Shackelford - Mo.</u>			
31. DATE REC'D BY LOCAL REG. <u>Feb 25-1950</u>				32. REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>			
33. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Murray</u>				34. ADDRESS <u>Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD.

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-3-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No.
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 32350

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.